

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAG)

ADDRESS (number and street)

5550 W. Executive Drive Suite 400

☐Check if different
than previously
reported. (ACC)

Tampa

FL

33609

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Stephen A. Montes, D.O.

Signature of Treasurer Electronically Filed by Dr. Stephen A. Montes, D.O.

Date

07

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 19

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 0 9		
(b) Cash on Hand at Beginning of Reporting Period	23374.10	
(c) Total Receipts (from Line 19)	16055.40	17840.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39429.50	17840.40
7. Total Disbursements (from Line 31)		2524.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39429.50	15315.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	8197.91	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 19

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10535.00	11520.00
(ii) Unitemized	5520.40	6320.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16055.40	17840.40
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16055.40	17840.40
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16055.40	17840.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16055.40	17840.40

DETAILED SUMMARY PAGE

of Disbursements

4 / 19

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures.....			24.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤			24.44
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....			
24. Independent Expenditure (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements.....			2500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..			2524.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....			2524.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16055.40	17840.40
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16055.40	17840.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....		24.44
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		24.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Mikki Barker

Mailing Address P.O. Box 16167

City

Fairbanks

State

AK

Zip Code

99716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2323

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jon Botts

Mailing Address 4322 Marquette Drive

City

Mobile

State

AL

Zip Code

36608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2326

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Einhorn, D.O.

Mailing Address 1134 University Avenuesuite 1 E
10

City

Mesa

State

AZ

Zip Code

85203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11Ai-CN2287

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City

Roxboro

State

NC

Zip Code

27573

FEC ID number of contributing
federal political committee.

C

Name of Employer
person Emergency Physicia-
ns

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11Ai-CN2242

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City

Roxboro

State

NC

Zip Code

27573

FEC ID number of contributing
federal political committee.

C

Name of Employer
person Emergency Physicia-
ns

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11Ai-CN2317

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph C. Gallagher, D.O.

Mailing Address 323 Warner Rd

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11Ai-CN2245

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Garza

Mailing Address 13501 Stowe Rd

City

Conroe

State

TX

Zip Code

77306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2264

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Antonio Gomes

Mailing Address 12142 McKinnon Road

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11Ai-CN2298

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert R. Guion, D.O.

Mailing Address

City

Marina

State

CA

Zip Code

93933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11Ai-CN2297

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Neal Jacobson

Mailing Address 43207 Brown Rd

City

Baker City

State

OR

Zip Code

97814

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Health Serv-
ices

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11Ai-CN2318

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Radiology Center

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11Ai-CN2239

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter Lamelas, M.D.

Mailing Address 65 Spoonbill Rd

City

Lake Worth

State

FL

Zip Code

33462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Team Health

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2263

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

James Macool

Mailing Address 1022 West State Road 436 Ste 1006

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11Ai-CN2289

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce A. Merwin, M.D.

Mailing Address 5130 Manchester Dr

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11Ai-CN2256

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Celeste Miller-Parish, D.o. Faa

Mailing Address Route 1 Box 113

City

Arbela

State

MO

Zip Code

63432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Cnty Memorial Ho-
spital

Occupation
D.O. FAASS

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11Ai-CN2291

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11Ai-CN2331

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11Ai-CN2315

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Vaidy Nathan

Mailing Address 830 Mills Ave N

City

Arcadia

State

FL

Zip Code

34266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11Ai-CN2249

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Neustadt, M.D.

Mailing Address 604 Northern Shores Ln

City State Zip Code
 Greensboro NC 27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare

Occupation
Physician

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11Ai-CN2244

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Omar Osmani

Mailing Address 1 Berrendo Meadows Square

City State Zip Code
 Roswell NM 88201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2325

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Paul

Mailing Address 3500 Strawberry Lane

City State Zip Code
 Lake Huron MI 48060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11Ai-CN2288

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
 (AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

F. Hall Reynolds

Mailing Address 6141 Shallowford Road

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11Ai-CN2292

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony P. Russo, D.O.

Mailing Address 695 Townhall Rd W

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants of
erieOccupation
Physician

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1770.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11Ai-CN2238

Amount of Each Receipt this Period

785.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Stein, M.D.

Mailing Address 4600 Memorial Dr
Suite 200

City

Belleville

State

IL

Zip Code

62226

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2258

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Samuel Tokuyama

Mailing Address 855 Brown Drive

City

Burbank

State

CA

Zip Code

91504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11Ai-CN2246

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Esther B. Walker, D.O.

Mailing Address 12409 Dudley Ct

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edmond Medical Center

Occupation
Physician

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11Ai-CN2293

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Wallace

Mailing Address 3600 Shady Lane

City

Palm Harbor

State

FL

Zip Code

34683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11Ai-CN2257

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

David Watson

Mailing Address 52 Westerville Square Suite 251

City State Zip Code
Westerville OH 43081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2009

Transaction ID: SA11Ai-CN2310

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City State Zip Code
Natchez MS 39120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2009

Transaction ID: SA11Ai-CN2241

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City State Zip Code
Natchez MS 39120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2009

Transaction ID: SA11Ai-CN2316

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

10535.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 / 19

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

 Nature of Debt (Purpose):
Invoice: Credit Card Proc-
essing Administ

Mailing Address P. O. Box 53852

 City State ZIP Code
Phoenix AZ 85072

Outstanding Balance Beginning This Period

18.11

Transaction ID: SD10-INV14

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

18.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SunTrust

 Nature of Debt (Purpose):
Invoice: Bank Fees Admini-
strative/Salary
Mailing Address 500 N Westshore Blvd
Suite 100
 City State ZIP Code
Tampa FL 33609

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV438

Amount Incurred This Period

2.83

Payment This Period

.00

Outstanding Balance at Close of This Period

2.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Trailblazer Campaign Services

 Nature of Debt (Purpose):
Invoice: Data Entry Admini-
strative/Salar
Mailing Address 5115 Excelsior Blvd
Suite 103
 City State ZIP Code
Minneapolis MN 55416

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV443

Amount Incurred This Period

4650.00

Payment This Period

.00

Outstanding Balance at Close of This Period

4650.00

1) **SUBTOTALS** This Period This Page (optional).....

4670.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 / 19

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Zach Wamp For GovernorNature of Debt (Purpose):
Invoice: Political Contr-
ibutions

Mailing Address P.O. Box 23748

City State ZIP Code
Chattanooga TN 37422

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV442

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SunTrustNature of Debt (Purpose):
Invoice: Bank Fees Admini-
strative/SalaryMailing Address 500 N Westshore Blvd
Suite 100City State ZIP Code
Tampa FL 33609

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV439

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Bob McCann CampaignNature of Debt (Purpose):
Invoice: Political Contr-
ibutions

Mailing Address 11523 Palm Brush Trail #111

City State ZIP Code
Bradenton FL 34202

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV444

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional).....2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 / 19

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 American Express

 Nature of Debt (Purpose):
 Invoice: Merchant Fees Ad-
 ministrative/Sa

Mailing Address P. O. Box 53852

 City State ZIP Code
 Phoenix AZ 85072

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV440

Amount Incurred This Period

4.95

Payment This Period

.00

Outstanding Balance at Close of This Period

4.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 American Express

 Nature of Debt (Purpose):
 Invoice: Merchant Fees Ad-
 ministrative/Sa

Mailing Address P. O. Box 53852

 City State ZIP Code
 Phoenix AZ 85072

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV446

Amount Incurred This Period

15.40

Payment This Period

.00

Outstanding Balance at Close of This Period

15.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 American Express

 Nature of Debt (Purpose):
 Invoice: Merchant Fees Ad-
 ministrative/Sa

Mailing Address P. O. Box 53852

 City State ZIP Code
 Phoenix AZ 85072

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV441

Amount Incurred This Period

3.25

Payment This Period

.00

Outstanding Balance at Close of This Period

3.25

1) **SUBTOTALS** This Period This Page (optional).....

23.60

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 / 19

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Joe Negron Campaign

Nature of Debt (Purpose):
 Invoice: Political Contr-
 ibutions

Mailing Address 1111 SE Federal Highway #116

City	State	ZIP Code
Stuart	FL	34994

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV445

Amount Incurred This Period

500.00

Payment This Period

.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

500.00

2) **TOTALS** This Period (last page this line number only)..... ▶

8197.91

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

8197.91
